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FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/315,116	
	<b>Filing Date</b>	May 19, 1999	
	<b>First Named Inventor</b>	Antelman, Douglas, et. al.	
	<b>Group Art Unit</b>	1642	
	<b>Examiner Name</b>	M. Davis	
<b>Total Number of Pages in This Submission</b>	6	<b>Attorney Docket Number</b>	16930-001022

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>RESPONSE TO RESTRICTION REQUIREMENT Postcard</b>
<b>Remarks</b>		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

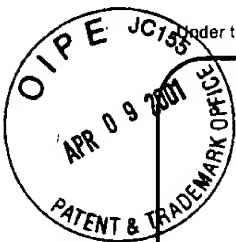
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm and Individual name</b>	Townsend and Townsend and Crew LLP Eugenia Garrett-Wackowski	<b>Reg No.</b> 37,330
<b>Signature</b>		
<b>Date</b>	4/4/01	

**CERTIFICATE OF MAILING**

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			4/4/01
<b>Typed or printed name</b>	Marcia Stamm		
<b>Signature</b>		<b>Date</b>	4/4/01

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SF 1208618 v1



# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ ) 1890

## Complete if Known

Application Number	09/315,116
Filing Date	May 19, 1999
First Named Inventor	Antelman, Douglas, et. al.
Examiner Name	M. Davis
Group Art Unit	1642
Attorney Docket No.	16930-001022

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 20-1430  Deposit Account Name: Townsend and Townsend and Crew LLP  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>					
2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING FEE</b>							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
101	710	201	355	Utility filing fee			
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	208	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1)					(\$ )		
<b>2. EXTRA CLAIM FEES</b>							
Total Claims	-20**	=	Extra Claims	X	Fee from below	=	Fee Paid
Independent Claims	-3**	=		X		=	
Multiple Dependent				X		=	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
103	18	203	9	Claims in excess of 20			
102	80	202	40	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim, if not paid			
109	80	209	40	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)					(\$ )		
*Reduced by Basic Filing Fee Paid						<b>SUBTOTAL (3)</b>	(\$ )1890

## SUBMITTED BY

Name (Print/Type)	Eugenia Garrett-Wackowski	Registration No. (Attorney/Agent)	37,330	Telephone	925-472-5000
Signature				Date	4/4/01

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